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JUN 15 2006

PTO/SB/21 (06-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filling)			Application Number	10/715,809							
			Filing Date	November 17, 2003							
			First Named Inventor	Krishnan Suresh et al.							
			Art Unit	1725	1725						
			Examiner Name	Lynne Renee Edmondson							
Total Number of Pages in This Submission			Attorney Docket No.	KSI-32	KSI-325US						
ENCLOSURES (Check all that apply)											
Extension of Tim Express Abandon Information Disci Certified Copy of Response to Mis Incomplete Appli Response	ded declaration(s) declaration(s) de Request declaration(s) de Request declaration(s) declaratio	Petition Provis Power Chang Addre Termi Reque	sing-related Papers on on to Convert to a sional Application or of Attorney, Revocation or of Correspondence			After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): RCE Transmittal in duplicate					
under 37 C	SFR 1.52 or 1.53										
	SIGNATUR	L E OF APPLIC	ANT, ATTORNEY C	R AG	ENT						
Firm/Company Name	Kulicke and Soffa Industr	·									
Signature Signature											
Printed Name	Sr.										
Date June 15, 2006			Registratio	n No.	52,2	40					
	CERTIF	ICATE OF T	RANSMISSION / MA	ILING							
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Signature	Young) Mus	201001								
Typed or Printed Name	Tonya M. Berger		2		Date	June 15, 2006					

This collection of information is required by 37 CFR 1.5. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

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Complete If Known

	Complete if Known												
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).			Application Number		10/715,809								
FEE TRANSMITTAL				Filing Date		November 17, 2003							
For	First Named Inventor		Krishnan Suresh et al.										
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name L		Lynne Renee Edmondson							
Applicant claims small entity status. See 37 CFR 1,27				Art Unit		1725							
TOTAL AMOUNT OF PAYMENT (\$) 1060				Attorney Docket No. KSI-S25US									
METHOD OF PAYMENT (check all that apply)													
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):													
Deposit Account: Deposit Account Number: 50-3643 Deposit Account Name: Kulicke and Soffa Industries, Inc.													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filling fee													
☐ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments under 37 CFR 1.16 and 1.17													
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FEE CALCULATION (All the fees	below are	due upon fi	ling or ma	ay be sub	ject t	to a surchar	ge.)					
1. BASIC FILING, SEA								 					
	FILING	; EEEQ	SEARC	H FEES	EYAR	AIN) AT	ION FEES						
		nali Entity		mall Entity	_		mall Entity						
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>Fee</u>	<u>(\$)</u> _	Fee (\$)	Fees Paid (\$)					
Utility	300	150	500	250	200	כ	100						
Design	200	100	100	50	130		65	<u> </u>					
Plant	200	100	300	150	160	-	80		}				
Reissue	300	150	500	250	600	_	300						
Provisional	200	100	0	0	()	0						
2. EXCESS CLAIM FE	ES							Small I	Entity				
Fee Description								Fee (\$)	Fee (\$)				
Each claim over 20 (. •					50	25				
Each independent of		icluding Reiss	ues)					200 360	100				
Multiple dependent of Total Claims	emiairos Extra Cla	imo Er	ee (\$) Fee	e Paid (\$)	Multinia N	enend	ent Claims	300	180				
		× <u>S</u>			Fee (\$)		e Paid (\$)						
HP = highest number of total claim		ter then 20											
indep. Claims 3 -3 or HP =	Extra Cial 0	<u>lma Fe</u>	ee (\$) Fee	e Paid (\$)									
HP = highest number of independe													
3. APPLICATION SIZE	: FEE												
lf the specification and o the application size fee	drawings excee due is \$250 (\$1	d 100 sheets of 125 for small en	paper (excludir tity) for each ad	ng electronice Iditional 50 sh	ally filed sequ reets or fract	ience o	or computer listin reof. See 35 U.S	ngs-under 37 CFR 1.5 S.C. 41(a)(1)(G) and	i2(e)). 37 CFR				
1.16(s). Total Sheets	Extra Sh		umber of each					Fee Paid (\$)					
100 =		/50 =		nd up to a wh		X							
4. OTHER FEE(S)								Fees Pald (\$)					
Non-English Specifica													
Other (e.g., late filing surcharge): RCE and Extension of Time 910													
SUBMITTED BY Complete (if applicable)													
Signature County			tration No. Attorn	ey/Agent)	52,240		Telephone	(215)784-6817					
Name (Print/Type) Christos	oher M/ Soletzer	. Sr.					Date	10/15/0	رم د				

This collection of information is refutired by 87 CFR 1.136. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, cell 1-800-PTO-9199 (1-800-788-9199) and select option 2.